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REPORT OF THE EXECUTIVE DIRECTOR FOR 2000: PROGRAMME HIGHLIGHTS AND REPORT ON ADVOCACY ACTIVITIES

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I. OVERVIEW OF MAJOR EVENTS OF 2000

1. The year 2000 marked a turning point for UNFPA. After leading the Fund for 14 years, Dr. Nafis Sadik retired as Executive Director and Thoraya Ahmed Obaid was appointed as the new Executive Director effective 1 January 2001.

2. On the occasion of Dr. Sadik's retirement, the UNDP/UNFPA Executive Board adopted decision 2000/18 to express its appreciation for her years of service. In the decision, the Board acknowledged "her central role in bringing population and development issues to the forefront of the international agenda, recognizing in particular her championing of reproductive health and rights, gender equity and equality, the empowerment of women and the needs of adolescents". The Board especially noted the key role Dr. Sadik had played as Secretary-General of the 1994 International Conference on Population and Development (ICPD), whose Programme of Action continues to serve as the Fund's guidepost into the 21st century, and her contribution to the ICPD+5 review that took place in 1999.

3. As always, the major work of the Fund during the year was the implementation of the Board-approved country programmes. In 2000, the Fund was implementing 94 country programmes, including two subregional programmes in Caribbean and Pacific Island countries. During the year, UNFPA spent a total of $134.2 million on country programmes and the intercountry programme. These programmes were carried out in the three core programme areas of: (a) reproductive health, including family planning and sexual health; (b) population and development strategies: and (c) advocacy. As in the past, the largest share of resources, 63.2 per cent, went to reproductive health activities. Of the world's regions, sub-Saharan Africa absorbed 35.5 per cent of programme assistance while Asia and the Pacific accounted for 31.9 per cent.

4. A major event during 2000 was the Executive Board's adoption of the first multi-year funding framework (MYFF) for UNFPA in decision 2000/9. The MYFF is designed to strengthen the Fund's contribution to addressing the challenges faced by countries in the implementation of the ICPD Programme of Action and the key actions endorsed at the ICPD+5 review and to help secure increasing, predictable and stable financial resources to implement programmes. The MYFF comprises a results framework and an integrated resources framework. In order to achieve the goals and outputs specified in the results framework, the Fund continued efforts to strengthen results-based management (RBM) through training, review of systems and tools and the use of such tools as the logical framework (logframe). The first report on the implementation of the MYFF is presented in Part II of this year's annual report (DP/FPA/2001/4/Part II). One important challenge is to strengthen country-level data systems that will make it possible to track progress in UNFPA-supported country programmes and in meeting the international goals agreed at the ICPD and the subsequent benchmarks established at ICPD+5.

5. The Fund has responded to the international HIV/AIDS pandemic by mobilizing resources to safeguard youth and by intensifying efforts to integrate AIDS prevention into reproductive health programmes. UNFPA's efforts to prevent the spread of HIV centre on carrying out advocacy

campaigns; providing information and education to promote safer sexual behaviour; promoting voluntary counselling and testing; helping to ensure reproductive health commodity security, especially of condoms; and training service providers.

6. UNFPA received a $57 million grant in 2000 from the Bill and Melinda Gates Foundation to promote adolescent reproductive health with a focus on HIV/AIDS in four countries that have been greatly affected by the pandemic and have exhibited the political will necessary to combat it – Botswana, Ghana, Uganda and the United Republic of Tanzania. In partnership with UNFPA and two United States-based international non-governmental organizations (NGOs) – PATH and Pathfinder International – those four countries' Governments and local groups are carrying out five-year programmes to educate young people about reproductive health, responsible behaviour and HIV prevention and to provide the necessary resources for needed supplies. The initiative provides for nationwide coverage in the four countries and will serve as a model for other national programmes worldwide.

7. UNFPA increased advocacy in 2000 for greater involvement of men to help stem the AIDS epidemic and to boost gender equality. One key part of this advocacy effort was the publication and distribution of a new booklet, "Partners for Change: Enlisting Men in HIV/AIDS Prevention", which notes that risk-taking behaviour, often encouraged by cultural attitudes, increases men's chances of contracting and transmitting HIV, and that men's involvement is needed to empower women to protect themselves as well.

8. In December, the Fund organized a panel discussion on "Gender and HIV/AIDS", which was the most widely attended panel at the African Development Forum 2000 in Addis Ababa, Ethiopia. The five-day forum, attended by over 1,500 representatives of African governments and civil society, was called to marshal a new level of political commitment and to develop more effective strategies for combating HIV/AIDS in Africa.

9. In addition, UNFPA's annual *State of World Population* report for 2000, "Lives Together, Worlds Apart: Men and Women in a Time of Change", focused on the negative impact of gender inequality, not only for individuals but also for national economic and social progress. On a policy level, UNFPA participated actively in the Beijing+5 meeting, the five-year follow-up to the Fourth World Conference on Women.

10. A top priority for the Fund in 2000 was the development of a new global strategy for reproductive health commodity security. Without adequate supplies of condoms and other contraceptives, the world will not be able to meet the ICPD goal of universal access to reproductive health care by 2015. The strategy, which was formulated in response to the growing need in developing countries for contraceptives at a time of declining support from donors, was endorsed by Governments, United Nations agencies, the World Bank, NGOs, foundations and the private sector. UNFPA began working to identify national commodity needs, improve advocacy and resource mobilization, strengthen national capacity, reinforce programme sustainability and improve coordination. In November, in response to the new strategy, the Fund received nearly $80 million in

contributions from the Netherlands and the United Kingdom for contraceptives for developing countries.

11. In decision 2000/13, the Executive Board endorsed a proposal to use up to $1 million a year to ensure reproductive health in emergency circumstances. This will enable the Fund to respond more quickly to urgent needs in the initial stages of crisis situations. One of UNFPA's major contributions in this regard is the provision of emergency reproductive health kits, which contain the equipment and supplies needed to safely deliver babies, provide emergency obstetric care, provide contraceptives for family planning, treat the consequences of miscarriage, and prevent and treat sexually transmitted diseases (STDs).

12. To help millions of people fleeing armed conflict and natural disasters, UNFPA sent safe delivery kits to flood victims in Venezuela, safe motherhood supplies to cyclone victims in Zimbabwe, and contraceptives and other supplies to Eritrean refugees in Sudan. In all, UNFPA dispatched emergency kits to 30 crisis sites in 20 destinations: Afghanistan, Angola, Bangladesh, Congo, Democratic Republic of the Congo, East Timor, Eritrea, Guinea, Indonesia, Madagascar, Mongolia, Mozambique, Philippines, Rwanda, Sierra Leone, Sudan, Turkey, Venezuela, Yugoslavia (Kosovo) and Zimbabwe. The Fund supported initial assessments of reproductive health conditions and needs in Angola, Colombia, Eritrea, Ethiopia, the Russian Federation (the northern Caucasus), Sudan and Yugoslavia (Serbia). Along the border between Ethiopia and Eritrea, UNFPA worked with UNAIDS to train United Nations peacekeepers about reproductive health needs and HIV/AIDS prevention in emergency situations.

13. In an effort to protect the health of mothers and reduce maternal mortality, UNFPA joined with New York City's Columbia University and other partners to develop programmes to increase the availability and use of emergency obstetric care for complications of pregnancy and childbirth as a way of protecting safe motherhood. New initiatives were mounted in Asia, Africa and Latin America to promote skilled birth attendance at delivery and to make safe motherhood a reality. In Morocco, for example, the Fund began a project to determine the needs for emergency obstetric care and to provide such care in the region of Marrakech, where over five million people live. At the end of 2000, key personnel had been recruited, five health facilities were being renovated and 80 people were being trained in the latest techniques to save the lives of mothers who experience difficult pregnancies and births.

14. An increasingly effective way for UNFPA to get its messages across is through the use of Goodwill Ambassadors who raise awareness of reproductive health needs in developing countries. In 2000, the Fund appointed two new ambassadors – Miss Universe, Mpule Kwelagobe, and a prominent German television host, Alfred Biolek. In December, Ms. Kwelagobe toured her home country of Botswana to raise awareness of HIV/AIDS and to encourage young people to learn more about the disease, act responsibly and protect their futures. In June, UNFPA brought all of its Goodwill Ambassadors together in Geneva to discuss future strategies and to coordinate outreach and advocacy efforts.

15. Thanks to an intensive fundraising campaign in 2000 and the generosity of donor Governments, the financial situation of UNFPA improved somewhat compared to 1999. Core resources increased by approximately 5 per cent, to $260 million, and UNFPA increased the total number of donor countries to 100, from 70. In addition, the Fund developed and received approval for 23 new projects totaling $21 million, more than double the amount projected, from the United Nations Foundation.

II. ADVOCACY ACTIVITIES

16. In recent annual reports, UNFPA has focused on one or two topics of special interest in order to be able to provide more detail on specific aspects of the Fund's work during the year. The annual report for 2000, therefore, looks at the Fund's advocacy activities during the year, concentrating on efforts made at the national level through its country programmes.

A. Introduction

17. In decision 95/15, the Executive Board adopted programme priorities and future directions of UNFPA in light of the International Conference on Population and Development (ICPD). The decision endorsed three core programme areas for the Fund: reproductive health, including family planning and sexual health; population and development strategies; and advocacy. Advocacy is also one of the four principal MYFF strategies (how resources are deployed to achieve results). The general aim of advocacy, as identified by UNFPA, is to promote or reinforce a change at a societal level in, for example, policies, programmes or legislation. In this regard, advocacy is contrasted with behaviour change communication (often called information, education and communication or IEC), which is designed to change attitudes and behaviours among individuals.

18. In its role as one of the leading advocates for the goals of the International Conference on Population and Development (ICPD) and of the ICPD+5 review, the Fund speaks out globally and through its country programmes to change attitudes and to influence policies on such issues as:

(a) The right of every couple to decide freely and responsibly the size and spacing of their families and to have access to the information, services and commodities that will allow them to do so;

(b) The need for societies to adopt and implement sustainable population policies;

(c) The need to provide safe motherhood;

(d) The need to prevent the spread of sexually transmitted infections (STIs), including HIV;

(e) The need to empower women and to combat gender-based violence;

(f) The need to engage men as partners in promoting reproductive and sexual health and gender equity;

(g) The need to inform and empower young people to protect their reproductive health.

19. These goals, among several others, have been accepted by the international community through different agreements, most notably the ICPD Programme of Action. They are recognized as powerful ideas that can help fuel national development. However, the whole concept of advocacy as a programme area and priority strategy of UNFPA is that good ideas do not sell themselves. In order to promote the ICPD goals, UNFPA supports a wide variety of activities using different methodologies and media at both the international and national levels.

20. At the global level, advocacy helps ensure that the international community and international media are aware of the importance of the ICPD goals in achieving sustainable development and of UNFPA's role and programmes in achieving those goals. Another major aim of global advocacy is to help mobilize resources for population and reproductive health programmes. International events such as World Population Day, the annual launches of the *State of World Population* report and the growing use of Goodwill Ambassadors in countries throughout the world have been highly successful in creating support for and broad-based awareness of UNFPA's global agenda and in promoting the Fund's mandate and image. These international events also serve as the basis for many national-level activities as well. The UNFPA website has become an important venue for equipping advocates for the goals of the ICPD with first-hand information. More information on UNFPA's global advocacy efforts is presented to this session of the Executive Board in document DP/FPA/2001/6 on the "UNFPA information and communication strategy".

21. At the country level, advocacy is conceived to play three interrelated roles: (a) to foster a favourable public policy climate for the implementation of population and reproductive health programmes; (b) to mobilize support from national partners, including the media and community leaders, to create a national consensus; and (c) to foster the participation of the public and communities in the implementation of policies and programmes. To the extent that a change in the reproductive health and gender practices of individuals depends very much on changes in institutions, policies or community values, advocacy has been used to bolster political will and overcome sociocultural obstacles to change and to introduce institutional changes that are conducive to the implementation of the ICPD Programme of Action. Advocacy is, therefore, used to influence the commitment and behaviours of key policy makers, opinion leaders, religious leaders, gatekeepers, influential groups and civil society to rally their support for change and to help them take ownership of the ICPD goals nationally and to lead social mobilization in support of the Programme of Action.

22. Creating a conducive environment for population and reproductive health programmes is not new for UNFPA. Although advocacy activities have been undertaken for many years, advocacy as a core programme area is relatively recent, dating from the Executive Board decision in 1995. Advocacy is also one of four principal strategies for results-based management that the Fund is using to attain the goals of the multi-year funding framework (MYFF) (discussed in Executive Board

document DP/FPA/2001/4/Part II). This year's annual report is an attempt to gauge the progress made in implementing advocacy activities by capturing the results in national advocacy efforts most frequently cited in the annual reports of UNFPA country offices, including information on the specific approaches employed and the most frequently used execution modalities, presenting some evidence of impact and lessons learned in programme advocacy. In reading the annual reports from country offices and Country Technical Services Teams (CSTs), one is immediately made aware of the rich variety of programme countries' experiences in developing and implementing advocacy initiatives.

23. As evidenced by the annual reports from country offices, the quality of advocacy programming has also improved significantly at the country level in recent years, largely due to the technical assistance provided through UNFPA's Technical Advisory Programme. Regional advisers from the CSTs have assisted many countries in designing, implementing, monitoring and evaluating advocacy programme interventions. In collaboration with UNFPA headquarters and partner institutions, CSTs have conducted capacity-building workshops and developed resource tools to enhance the institutional capability of countries to execute the advocacy component of their programmes. Special emphasis is being placed on a results-based programme management approach, using the logframe to identify and apply specific advocacy progress indicators.

B. Programme advocacy

Reproductive health

24. A major focus of advocacy efforts is to promote programme goals in support of better reproductive health policies and practices. In their reports for the year 2000, UNFPA's country offices give many examples of advocacy activities that they are pursuing to improve reproductive health, including family planning and sexual health, in programme countries. Most advocacy efforts aim at promoting political commitment for and implementation of reproductive health programmes through a combination of awareness creation and policy dialogue. For example, in Guatemala, Honduras, the Islamic Republic of Iran, the Lao People's Democratic Republic, Namibia, Panama, Peru, Viet Nam and Zambia, advocacy interventions were aimed at obtaining a common understanding of the reproductive health concept, reinforcing commitment to incorporate various reproductive health components into health policies and sectoral reforms and/or strengthening political will to adopt reproductive health policies in line with the ICPD Programme of Action. In the Lao People's Democratic Republic, for example, the objective was to remove legal barriers to the voluntary adoption of permanent contraception; in Guatemala advocacy was undertaken to adopt a national reproductive health policy.

25. Advocacy in support of reproductive health issues and rights has been relatively successful in shifting programme focus from one based on family planning to a broader reproductive health perspective. In achieving this shift, a variety of strategies have been used, including organizing sensitization sessions for lawmakers and leaders, working with the media, disseminating information and sponsoring study visits to countries with successful programmes. However, country office

reports indicate that the commitment to reproductive health issues is often restricted to the higher levels of government, and more efforts need to be made to reach out to other groups, especially at the level of community leaders.

Box 1

Morocco: Building internal support for safe motherhood initiatives

Once a reproductive health programme, subprogramme or project has been designed, support for its implementation needs to be built from within. In Morocco, UNFPA worked with Columbia University of the United States to design a project to help reduce the incidence of maternal morbidity and mortality occurring in maternity hospitals and health centres. The project is receiving a $2 million grant from the Bill and Melinda Gates Foundation. It includes a national component covering all 16 regions of the country for monitoring resources, needs and indicators and a component, focused on the Marrakech region, which can be replicated elsewhere, to reduce hospital delays in addressing obstetrical complications. The project was finalized during 2000 with the Ministry of Health, which obtained the concurrence of all concerned departments. Working with his senior administrators, the Minister of Health then undertook to advocate with hospital workers throughout the country in order to enlist their support, which is crucial to the project's success. In addition, the signature of the final project agreement was extensively covered in the national media, which will help to increase the awareness of the general public of the need for emergency obstetrical care in cases of complications.

26. Policy dialogue and creation of political will are especially critical in mobilizing support for addressing adolescent reproductive health issues. For example, the country office in the Dominican Republic reported helping in efforts aimed at obtaining approval of a general law on youth, and the Ecuador country office provided support for advocacy for the implementation of a sex education law. In Zimbabwe, policy dialogue focused on stopping the practice of expelling pregnant girls from school and on formulating a policy for youth. In the Solomon Islands, the Government endorsed a national youth policy that ensures gender equity and equality for all young people in access to education and training and promotes health programmes that focus on unwanted pregnancies, STDs, including HIV/AIDS and other youth health problems. In the Cook Islands, a national youth policy is being drafted that includes promotion of adolescent reproductive health.

Box 2

Bhutan: High-level advocacy to improve reproductive health

In Bhutan, advocacy in support of reproductive health has benefited from the success of the UNFPA country office in enlisting Her Majesty the Queen as a UNFPA Goodwill Ambassador. One of the main focuses of Her Majesty's campaign has been to inform students about issues that affect their health and well-being, including STDs and HIV/AIDS, teenage pregnancy and substance abuse. These have become important discussion issues among school authorities and adolescents.

Working with the Minister of Health and Education, Her Majesty also undertook a campaign to increase awareness among the armed forces, many of whom are young people, of reproductive health issues. This campaign had a major impact in contributing to the increase in the contraceptive prevalence rate among the armed forces from 29 per cent in 1997 to approximately 50 per cent in 2000. It has also motivated the wives of army personnel to become health volunteers throughout the country.

27. A stronger focus on advocacy in support of HIV/AIDS education and prevention campaigns will be an increasing part of UNFPA country programmes in the future. Of those country offices that reported on AIDS advocacy work to date, most of them detailed awareness-creation activities that they had undertaken. In Panama, however, advocacy efforts are also being undertaken in support of a law on HIV/AIDS with a human rights perspective. Going beyond the area of legislation, UNFPA-supported advocacy efforts helped to enlist Buddhist monks in northern Thailand in supporting income-generating activities for women with AIDS.

28. In Africa, CST specialists were involved in the development of the UNFPA regional HIV advocacy initiative. The exercise involved conducting a situation analysis of HIV/AIDS advocacy in six countries to form the basis for developing a strategic options framework for HIV/AIDS advocacy in the region. One of the findings of the analysis was that lack of gender equity and, particularly, the inability of women to negotiate safe sex need to be forcefully addressed in efforts to stem the epidemic.

Population and development strategies

29. Most advocacy efforts that have taken place in the area of population and development strategies are focused on updating national population policies in line with the ICPD Programme of Action and on mobilizing resources to support programme implementation. For example, in Kenya, the United Republic of Tanzania and Zambia, advocacy activities were undertaken to raise resources for census activities. Several countries, including Guatemala, the Lao People's Democratic Republic and francophone Africa countries, reported advocacy efforts to include population and gender

variables in government planning exercises. Other countries, such as Guinea, reported successful advocacy efforts to disseminate census results and other population data more widely in order to enhance their usefulness.

Box 3

Senegal: Putting population and development on the national agenda

In Senegal, at the request of national authorities, celebration of World Population Day was decentralized, with the main events taking place in Tambacounda in the eastern part of the country. Four Ministers as well as representatives of United Nations agencies, NGOs and local communities took part in the ceremonies. As part of the celebration, several prizes were given to journalists and students for their work during the year on population issues. The institution of the Prix Bengeloune, which provides a monetary prize to the best print or audio-visual reportage on a subject relating to population, received a great deal of media attention. It led, indirectly, to a regular section on "Population, environment and health" in the largest national daily, *Le Soleil*. A national weekly newsmagazine also began devoting regular coverage to the national population census that was undertaken during 2000.

30. Recent and future trends in population dynamics have and will create a greatly changed atmosphere for development assistance in the population area, and this, in turn, will give rise to new issues in advocacy. These include, among others, declines in fertility and population growth in some regions; greatly expanded urban populations; changing age compositions linked to ageing and the "demographic bonus"; increased participation of women in public life and the labour force; and increased international migration. One of the continuing objectives of advocacy activities is to link broader development needs, such as poverty reduction, to improved reproductive health and to the ability of societies to cope with emerging population dynamics.

Gender

31. In the area of gender, most advocacy efforts have focused on establishing a policy dialogue to raise support for the implementation of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and to remove discriminatory measures against women in national family codes as well as to promote male involvement and responsibility in reproductive health issues. Advocacy for policy formulation and for the implementation of laws to promote gender equality was undertaken in numerous countries, including Angola, Cambodia, Chad, Guinea, Honduras, Indonesia, the Lao People's Democratic Republic, Nicaragua, Yemen and Zambia, among others. In Cambodia, efforts were made to mainstream gender issues into national policies and practices, and in Indonesia the advocacy programme aimed at the adoption of a national action plan for the elimination of violence against women. In Latvia, an advocacy project to promote male involvement in reproductive health is providing men and women with the opportunity to renegotiate

traditional and limiting gender roles, with the ultimate aim of strengthening the family as the cornerstone of Latvian society.

32. In the United Republic of Tanzania, gender equality was promoted by addressing the issues of law enforcement and women's legal rights under the Sexual Offences Act. In addition, issues of girls' education and the eradication of harmful traditional practices were also addressed. In the area of gender equality and the empowerment of women, NGOs – in particular women's NGOs in East Asia – have played a key role by carrying out concerted lobbying efforts and by putting pressure on decision makers. For example, in Cambodia a law against trafficking of women was passed in 1996 as a result of strong advocacy and lobbying by the Cambodian Women Crisis Centre. In addition, another NGO group in that country is working on a new law on domestic violence and is effectively advocating for the provision of services to victims of domestic violence. In the Philippines, a new anti-rape law was adopted by the legislature partly as a result of a UNFPA-funded legislative advocacy project.

Box 4

Rwanda: Advocacy to empower women

As a result of armed conflict and political unrest, women now constitute 34 per cent of the total of heads of households in Rwanda. However, under previous national law they were unable to inherit property, a serious disability in supporting their families. Through its gender project in Rwanda, UNFPA provided financial support and technical assistance to a group of women's organizations that organized a strategy for public pressure, information and mobilization to get the law changed. As a result, in 2000 the Rwandan Parliament passed a new law providing for the right of women to inherit property and goods from a spouse or from her own family. Several applications for property rights by women were registered under the new law, and in 2001 project funds will be devoted to helping women's groups that are working in the courts to secure these new rights.

Also in Rwanda, the Fund is working with partner organizations to combat violence against women. To date, these advocacy efforts have had several tangible results: (a) the incorporation into national law of a new legal definition of rape; (b) the strengthening of criminal penalties against persons found guilty of rape; (c) the decision by the Ministry of Health to pay the costs of medical experts examining and treating women who are victims of rape; (d) the decision by the city of Kigali to pay financial damages to women who were raped; and (e) the institution of criminal penalties against persons spreading misinformation that sexual relations with young girls can cure AIDS.

In order to empower women, UNFPA has worked with NGOs and the Government in a number of areas relating to employment. As a result, new laws concerning the decentralization of government stipulate that one third of all governmental positions at the decentralized level are reserved for women. All notices of employment in the public service must stipulate that women are encouraged to apply. The number of women members of Parliament in Rwanda has reached 26 per cent.

In order to address the reasons for the gender gap in education of boys and girls in Rwanda, UNFPA provided funds for the national university to conduct a study on the reasons for the gap. The study was released in 2000 and was the occasion for a widespread national debate, with significant media attention, on how to remedy the situation. As a result of the study, the terms of the debate have been clarified and the necessary data have been made widely available.

C. Operationalizing advocacy

33. A variety of approaches for carrying out advocacy emerge from the country office reports, ranging from building strategic alliances, mobilizing communities, using mass media campaigns, networking via seminars and workshops, and lobbying by national NGOs. These various approaches are carried out by UNFPA country offices in a wide variety of settings, ranging from national level to small communities.

Creating partnerships

34. Partners and strategic allies in promoting population and reproductive health issues include a wide range of government officials as well as media personnel, donor agencies, the World Bank, other agencies of the United Nations system and various NGOs. In the Philippines, the Commission on Population implemented an advocacy subprogramme at the national level; at the local level, key implementers were the provincial population offices. In Tajikistan, the Women in Development Bureau led the advocacy strategy. NGOs have played a lead role, for example, in Kenya where the Government cooperated with the Kenya Association for the Promotion of Adolescent Health and the Family Planning Association of Kenya to develop a national policy and a strategy on adolescent reproductive health. As part of a project funded by the United Nations Foundation on the reproductive health and rights of young people in the Russian Federation, the creation of inter-ministerial partnerships has resulted in the allocation of municipal resources for reproductive health services for young people in several municipalities.

Box 5

Benin: Traditional leaders get involved

While traditional chiefs are largely powerless in several African countries, that is not the case in Benin and some other countries on the Gulf of Guinea. In Benin, kings and queens still enjoy most of the prerogatives that go with their rank and maintain strong influence on their communities. In addition to government administrative regions, Benin is divided into what are known as "customary zones," each under the authority of a royal family.

UNFPA has successfully sought to work within this traditional structure. With technical assistance from the Dakar CST, the Fund has embarked on a collaborative advocacy effort with a local NGO, Africa Culture, which has close ties with the Council of Kings in Benin. During the

annual summit meetings of kings, one full day is now dedicated to population, reproductive health and gender issues. At the summit meeting held in February 2000, the kings published a statement in which they committed themselves before their communities to promote the rights of women in rural areas and the education of girls. The statement and subsequent community-level mobilization efforts apparently had a significant effect: primary-level enrolment rates for girls were up sharply when schools reopened.

35. Interestingly, in some cases the targets of advocacy such as religious leaders in the case as Yemen or Cameroon became strategic partners. After imams had been sensitized to reproductive health issues through study tours and participation in regional conferences, they served as allies upon their return, teaching other imams about reproductive health issues and promoting reproductive health in their sermons.

Box 6

Chad: Widening partnerships throughout society

In Chad, programme advocacy has included broadening partnerships to include union, traditional leaders, and rural women's associations. The component project on advocacy that the Fund has been implementing since 1997 has included dialogue with 123 imams, 110 pastors and lay leaders of the Protestant churches, 81 union leaders and 372 opinion leaders. As a result, most of the information seminars on the country's population policy declaration and the declaration on the integration of women into development were organized on the initiative of traditional and religious leaders. The requests for these seminars were so great that the amount initially budgeted for them in the UNFPA country programme had to be doubled. These seminars bore fruit to the extent that opinion leaders expressed their willingness to contribute to the implementation of the population and women policies. Also in Chad, the trade union organization produced, with the support of the Government's Population Division, a simplified manual on population to educate union members about population topics.

36. It was found that it was often more effective to work with members of parliaments to implement advocacy interventions rather than working through outside organizations. Indeed, country offices report that strategies of working through informal networks of parliamentarians with interest in the areas of reproductive health and population and with women ministers and parliamentarians were often successful. In Guinea, dynamic support from the network of women ministers and parliamentarians was instrumental in organizing a regional conference in 2000 on women's involvement in preventing and resolving armed conflict. Study tours were one mechanism that was found to influence policy makers and introduce them to new ideas or issues. Developing a population documentation unit in parliaments has also proven to be a good approach since such units help ensure continuity in terms of secretariat and institutional memory for the concerned

parliamentarian committees. Such documentation units have been established in Morocco, the Syrian Arab Republic and Yemen.

37. Building partnerships with local youth and women's NGOs continues to be an important tool for effective advocacy. For instance, in Botswana, advocacy helped to enlist institutions addressing gender equality and equity issues in a reproductive and sexual health task force. It also proved a useful tool for the Department of Women's Affairs, which invited several women's NGOs to contribute inputs to the draft reproductive and sexual health policy, specifically on addressing sexual abuse, rape, domestic violence, and male involvement in sexual and reproductive health. Closer relations and alliances have also been established with youth organizations, for instance in Nicaragua and in South Africa, with local family planning associations and local-level NGOs.

38. National lobbying by local NGOs is growing. For instance, in Ecuador, an NGO, Tierra Caliente, in Santo Domingo de los Colorados strengthened its work with adolescents and advocated actively in the media for a positive proactive community stance towards adolescents. This NGO demonstrated an excellent ability to work collaboratively with both the public and private sectors. In Kenya, another NGO, District Youth Advocates, formed five lobby groups against forced and early marriages.

Mass media

39. In UNFPA's advocacy activities, mass media campaigns have predominated over networking and lobbying as ways of bringing about change, although the latter seem to have expanded in recent years. Building alliances with the media is one of the main strategies that has been used in a number of countries and has proved to be successful. Countries are using mass media for raising awareness on specific issues, for covering special events or for carrying out well-organized campaigns. For instance, in Costa Rica, the mass media have given a lot of attention to the issue of violence against women, as a result of which a law is currently being discussed in the National Assembly to deal more effectively with the issue. In Kenya, the Family Planning Association of Kenya, through a youth variety radio programme, has continued to promote youth-friendly reproductive health services.

40. Television and radio have also been used to raise awareness about sensitive issues, including HIV/AIDS prevention. Many of these interventions are also designed to promote personal behavioural change through what has traditionally been called IEC. In India, a campaign was launched to publicize the issues that emerged from the Beijing+5 summit and to bring women's issues to the forefront. In Panama, a campaign created awareness on sexual abuse against children and adolescents, while in South Africa, a women's health project embarked on a sexual rights campaign. In the United Republic of Tanzania, a radio soap opera "Twende na Wakati" (Let's go with the times) has proven very successful in reaching rural communities with messages on reproductive health, HIV/AIDS, gender and population. In Viet Nam, a weekly, live phone-in radio programme for youth, "Window of Love", provides the public, especially young people, with information on reproductive and sexual health issues.

Box 7

Papua New Guinea: Radio as an advocacy tool

The YWCA, an NGO in Papua New Guinea, implements the Tok Stret ("talk straight") radio programme. The two-and-a-half-hour weekly radio programme presents panelists on various population and reproductive health issues. Audience members can call in and ask questions of the panelists in addition to sending in letters with questions to be answered on the air. Tok Stret Radio also broadcasts ad hoc shows on special occasions such as World Population Day and the release of the *State of World Population* report, which was carried live nationwide in 2000. Since the radio programme is funded entirely from the country programme, UNFPA and its work are provided visibility through the broadcasts. A survey to get feedback from listeners will be carried out shortly in order to provide direction for future programming. A listener survey confirmed that the radio programme is extremely popular and, significantly, a large number of men call or write in to ask questions concerning reproductive health.

41. In order to help the media better understand various reproductive health and population issues, one important role for UNFPA has been to sponsor media sensitization workshops and seminars. In Egypt, for example, the advocacy subprogramme carried out a series of such workshops. As a direct result of these workshops and follow-up networking and provision of information, two major television channels broadcast television programmes on the adverse effects of female genital cutting (FGC) – a topic that was hitherto considered a taboo in television programming. The Ministry of Health and Population, as a result of the concerted advocacy efforts of a number of parties, had recently issued instructions outlawing performing FGC by medical doctors and in all public hospitals.

Internet

42. A few countries identified the use of the Internet for electronic advocacy. UNFPA in India has a website that provides both English and Hindi versions of the National Population Policy. In Turkmenistan, the UNFPA home page contains all information about the country office's advocacy activities, especially the work of youth and women's organizations on gender equality and male involvement in reproductive health.

Linking with international events

43. All UNFPA-supported advocacy activities work to increase the visibility of important issues in the population and development field. Among the most widespread, and effective, advocacy activities at the national level is local participation in Fund-sponsored events like World Population Day, the Day of 6 Billion (which took place in October 1999) and the launch of the *State of World Population* report. In Cuba, for example, on 12 October 2000, the Government held a major

ceremony, covered in the mass media, to celebrate the first birthday of the 6 Billion Baby (a girl) in Cuba. In Albania, UNFPA worked with the country's First Lady, the host of a popular television talk show, and the anchor of the main evening news to create news events around such special events as World Population Day and World AIDS Day.

44. Media in the Dominican Republic also provided major coverage of World Population Day, an example in which the best publicity for ICPD issues and the work of UNFPA were provided by free media, as opposed to paid advertising or public service announcements. Also in the Dominican Republic, for example, CNN International produced a feature news article on sexual and reproductive health projects that UNFPA is supporting in the country. This provided valuable visibility for the work of the Fund, both in the country itself and internationally.

Box 8

Angola: World Population Day as a national event

One of the best examples of the use of worldwide focus points to generate interest in population and reproductive health issues took place in 2000 in Angola. Taking advantage of the fact that the Executive Director of UNFPA was visiting the country for the first time, the Government sponsored a national "Day of Reflection" on the occasion of World Population Day with the theme of "Saving Women's Lives". The event was organized by the Ministry of Planning with the participation of the Ministry of Family and the Promotion of Women, the Ministry of Health and the National Radio of Angola. It was an opportunity to gather politicians, civil society, youth and United Nations agencies to discuss gender-based violence, maternal mortality, and adolescent health issues at workshops held simultaneously throughout the country. The Day of Reflection culminated in a musical and cultural programme that was broadcast to the nation on the National Radio of Angola.

This event was one part – albeit a significant one – of the advocacy strategy in Angola. As a result of such activities, the country office has identified the following tangible accomplishments: (a) leaders of the executive and legislative branches of Government have been sensitized to gender issues; (b) the Ministry of Health has adopted norms and policies on reproductive health; (c) there are plans to introduce population and family life education into the national curriculum; (d) provincial governments have shared the cost for relevant officials to attend UNFPA-sponsored population and development seminars in the capital; (e) the national university has approved the first post-graduate course on population and development; (f) the Government is developing a strategic plan for gender; and (g) the Government co-financed, along with UNFPA, the World Population Day activities described above.

Capacity building

45. Capacity building is a necessary component of all UNFPA's advocacy efforts. However, interestingly, development of advocacy skills is not often cited as a major aim or result of country programme efforts compared to the development of what are perceived as more tangible benefits from training in technical aspects of reproductive health or data collection and analysis. A few countries, however, such as Bhutan, Cambodia, Ethiopia, India, the Islamic Republic of Iran, Namibia, Paraguay, Philippines and Uzbekistan, have reported building capacities of nationals to become strong and effective advocates for reproductive health, population and development, and gender issues. Some countries reported that UNFPA's assistance helped to enhance the human resource and institutional capacity of the ministries of health to plan for and coordinate advocacy activities such as organizing advocacy seminars and media contests in partnership with local NGOs.

46. UNFPA has supported a number of efforts to help build capacity in the area of advocacy. In 2000, these included such initiatives as sponsoring regional-level meetings, including a meeting of African women parliamentarians and ministers, and providing assistance to produce manuals, pamphlets and technical reports, among others. For example, UNFPA commissioned an international NGO, CEDPA, to produce "Advocacy: Building Skills for NGO Leaders", which aims at building the capacity of NGO leaders to advocate effectively for reproductive health issues. The manual deals with power dynamics, strategic communications, audience analysis, message development and delivery. Methods for building networks and coalitions and for developing an advocacy implementation plan are also addressed in the manual. During 2000, UNFPA published a technical report, based on a workshop organized by the African CSTs, entitled "Advocacy for Population and Reproductive Health in Africa: ICPD and Beyond", which provided a good example of collaboration among different units of the Fund in the area of advocacy. The CST headquartered in Suva, Fiji, produced two training manuals: "A Manual for Advocates and Trainers on Population and Reproductive Health Advocacy" and "Using the Media".

47. As part of UNFPA's efforts to build institutional capacity and establish a system of distance learning on population issues, an interregional project funded by the United Nations Foundation is currently being executed by the United Nations Staff College in Turin, Italy. The various modules of the distance learning package include advocacy as one of the themes identified for course development. The course aims to develop more effective and sustained advocacy for population and reproductive health programmes by developing a better understanding of advocacy as a concept and as a UNFPA core programme area; increasing knowledge of advocacy approaches and tools; and developing the skills to formulate an advocacy strategy and implementation plan.

Research and data

48. Framing good advocacy arguments requires compelling data to influence the terms of the debate. Providing accurate and reliable information and data on population and reproductive health issues makes it easier to identify advocacy issues and to develop fact-based and convincing advocacy messages. To this effect, a large number of countries, such as Burundi, Cameroon, Dominican

Republic, Ethiopia, Guinea, the Lao People's Democratic Republic and Mongolia, report conducting studies on gender and adolescent issues. In Burundi, the association of women lawyers was contracted to study legal aspects of reproductive health in order to integrate reproductive rights into the national health codes. Similarly in Mongolia, the women lawyers association carried out research on reproductive health and gender-related laws. Its research findings, which were published in 2000, provided a wealth of information for developing more focused advocacy efforts on revision of existing laws and/or developing new laws and policies concerning new and emerging reproductive health issues. In the United Republic of Tanzania, a manual was produced in 2000 for law-enforcement, medical, education and legal professionals to help in identifying cases of sexual abuse and enforcing the country's Sexual Offences Act.

49. UNFPA has launched an effort to obtain baseline qualitative and quantitative information to address gender violence in the Pacific. A research project was approved in 1999 to determine the causes, consequences and prevalence of domestic violence in the region. The first part of the research study was carried out in Samoa in 2000. This is the first time that a quantitative survey on gender violence has been undertaken in the region. Since it is being executed by the Secretariat of the Pacific Community, an inter-governmental body, it is expected that the results of the study will be endorsed by regional Governments and that this will help to enlist their support in addressing the causes and consequences of domestic violence identified in the study once it is complete. In the Solomon Islands, UNFPA has worked with the Ministry of Health to revise the reporting form at hospitals to include incidences of domestic violence for monitoring purposes, and in the Cook Islands, the police force has set up a community policing section to monitor incidences of domestic violence and to provide counselling services.

Workshops and seminars

50. Workshops, seminars and conferences have frequently been used as a tool to disseminate the results of special policy studies, mainly on youth needs and gender issues, and to sensitize parliamentarians, religious leaders, and journalists. In Bangladesh, officials attended the Central Institute for Training and Orientation of Civil Servants. In Gambia, a workshop was used to sensitize Parent Teachers Associations. In Honduras, a national forum gathered the Faculty of Medicine of the Autonomous University, the Ministry of Health and UNFPA as well as NGOs and other governmental agencies to review the national reproductive health policy. In the Lao People's Democratic Republic, a national advocacy workshop on adolescent reproductive health was organized before the start of the National Congress session. In Sudan, the advocacy subprogramme conducted training and workshops/seminars for staff, influential groups, media professionals and parliamentarians. In order to promote partnerships with various stakeholders, UNFPA helped organize the participation of government officials in various seminars and training workshops related to the work of UNFPA.

Countering negative campaigns

51. Advocacy aims at creating a positive sociocultural environment; gaining the support of opinion, religious and traditional leaders is particularly key for changes in social norms at the community level. However, this process of cultural change does not happen overnight. Indeed, several country offices noted that advocacy about sensitive issues presents a special challenge. If such issues are not handled carefully, they can pose a risk to the success of a programme. Thus, partners need to find non-confrontational and culturally appropriate messages and arguments to address such issues.

52. Creating a positive environment often requires countering misinformation and negative campaigns. To do so, one must: (a) know the rationales underlying positions in favour of, or against, particularly sensitive issues; (b) know the arguments that have been successful in mobilizing public opinion; (c) use, or conduct, scientific and social research concerning controversial issues; (d) develop mechanisms for dialogue and consultation, using national and UNFPA organizational resources; (e) create broad support-coalitions; (f) strengthen advocacy skills of civil society organizations; and (g) take advantage of consensus in the area of population and development to strengthen support for reproductive and sexual health activities.

53. One way to turn around criticism is to focus on facts, such as teenage pregnancies and rates of HIV infection in the population concerned, rather than to focus on broader concerns, such as reproductive rights. But passivity should be avoided, as it may reinforce an understandable reluctance to engage the media in refuting rumours or misunderstandings. In Costa Rica, for example, a controversial policy on sexual health education led to the formation of a national network of NGOs, academia, national government agencies and community leaders to make more perspectives visible and to work on the topic.

54. In the Arab States region, working with religious leaders at the country level has been a continuing strategy for UNFPA. Religious leaders exert substantial influence on the populace throughout the region. Due to the concerted efforts of UNFPA and other agencies working in the field of family planning, the religious establishment throughout the region accepted the concept of family planning. Jordan offers a good example of advocacy partnership between religious leaders, the National Population Council, the Ministry of Health, and NGOs in efforts to promote family planning and male participation. The effectiveness of the effort reconfirmed the importance of creating well-planned broad alliances involving religious leaders. More advocacy efforts and different approaches, however, are required to win the support of the religious establishment for gender equity and equality.

55. In Sudan, involving religious leaders in promoting reproductive health programmes has also proven effective. While political leaders were initially reluctant to involve religious leaders, orientation training, workshops and study tours helped overcome that reluctance. In general, forming a group of advocates from among members of the community proved to be successful in promoting reproductive health issues and at a low cost. In addition, working with the private sector on

reproductive health issues should be looked at more closely. In Yemen, partnership with religious leaders and parliamentarians has been important for the smoother implementation of population policies. Actually advocating for population and reproductive health issues among parliamentarians reduces the risk and constraints for implementing an effective population programme.

Box 9

Armenia: Meeting concerted opposition

Armenia was faced with an advocacy challenge of major proportions. In 2000, a mass communication campaign on reproductive health issues was implemented by an international NGO and a bilateral donor agency. The campaign was closely related to UNFPA activities and project results. The intensive campaign made use of television, radio, and other mass media as well as social advertising, which was an innovation in Armenia. Although its impact on the target group (married women aged 18-35) was impressive, it also opened an intense nation-wide debate on the issues of family planning and fertility, among others. This was partly the result of the high degree of sensitivity to reproductive health issues in the context of accelerating emigration and rapidly falling birth and fertility rates. Even the term "family planning" was associated with the compulsory planning of all spheres of life that had been part of the country's recent past. Certain groups of society, including some intellectuals, some NGOs, and some groups with conflicting interests (e.g., practitioners whose incomes depended on performing abortions), reacted negatively to the campaign messages and the way they were communicated.

The controversy spawned a series of open debates, television programmes, and both positive and negative coverage of reproductive health issues in the press. The response worked out jointly by the Ministry of Health, the international NGO and UNFPA explained that all international organizations work within the framework of the national reproductive health programme, which was developed and owned by the Government and not imposed by foreign countries or organizations as had been alleged. It pointed out that the availability of family planning services could not change the minds of couples or individuals in deciding the number and spacing of their children. Such services did, however, provide women with choices and allowed them to preserve their health and to have as many children as they wanted when they wanted. Because secondary infertility is extremely high in Armenia (29 per cent of women of childbearing age) as a result of the high prevalence of abortions and STIs, the advocacy campaign worked to explain how better reproductive health could improve that situation.

D. Impact of advocacy

56. A continuing challenge for UNFPA is to measure the results its advocacy efforts have achieved. Advocacy efforts are particularly difficult to assess quantitatively. It is also difficult to attribute success to any particular activity or to say with certainty which activity, or set of activities,

has produced a particular result because of the variety of factors that may operate simultaneously to influence a change or decision. However, country office reports do point to some measurable achievements in terms of policy formulation and changes; media coverage of population, gender and reproductive health issues; mobilization of resources; and involvement of the private sector.

New policy formulation

57. Formulation of new policies is the most commonly cited impact of advocacy efforts. Lobbying and dialoguing with policy makers and parliamentarians have resulted in the formulation of new policies and changes in existing ones. About 17 countries reported the development of a new law or policy during 2000 relevant to population and development, reproductive health, gender, adolescent reproductive health or HIV/AIDS issues. For example, in Panama, advocacy efforts and technical assistance as well as the mobilization of NGO support led to a new law on AIDS with a human rights perspective. Paraguay witnessed the approval of a new law on domestic violence. In Viet Nam, a national population strategy was adopted by Parliament and was widely disseminated. Thanks to the Parliamentarians for Population and Development support network, Guinea became the first country in West Africa to adopt a reproductive health law, which was promulgated by the Head of the State.

Increase in mass media coverage

58. Increased media coverage of population and reproductive health issues is also one of the frequently cited results as illustrated by the number of press articles published and the frequency and volume of coverage on radio or television. For example, in the Occupied Palestinian Territory, as the result of a contest sponsored by UNFPA to choose the best newspaper articles on reproductive health and gender issues, 167 articles on reproductive health issues were published in local newspapers in 1999 and 2000, as compared to 20 in 1998. In Viet Nam, the international television news network CNN selected UNFPA's activities as the subject for a short feature on the work of United Nations agencies in the country.

Resource mobilization

59. Mobilizing national resources for population and reproductive health programmes accounted for a large part of the advocacy efforts in Cambodia, Ethiopia, Gambia, Guinea, Indonesia, Kenya, Lao People's Democratic Republic, Namibia, Philippines, Sudan, Morocco, the United Republic of Tanzania, Uganda and Zambia. A particularly notable example in 2000 of successful advocacy in mobilizing resources to support programmes was the work of the Pacific subregional office in Suva, Fiji. The office attracted $1.6 million from the United Nations Human Security Fund of the Japanese Government for reproductive health services and information in five priority countries in the region; and $2.34 million from the United Nations Foundation for a regional adolescent reproductive health programme. It also finalized discussions with the Government of New Zealand on a project to involve men as partners in reproductive health. The office is seeking to attract additional funding for

a study on violence against women, reproductive health projects in the Federated States of Micronesia, Fiji and Samoa and for a regional advocacy project targeting influential groups.

60. In Mongolia, UNFPA has supported an initiative to train reproductive health advocates coming from different communities throughout the country. These advocates have played a crucial role in helping to mobilize interest and resources in the promotion of improved reproductive health. For example, one province recently allocated 10 million tugrigs ($10,000) to set up screening services in clinics for STIs. Another province allocated 7 million tugrigs for the purchase of more modern equipment for obstetric and gynaecological examinations and an additional 8 million tugrigs to renovate a local health centre. Several districts are reportedly now in the process of establishing reproductive health clinics within existing health centres and schools.

Box 10

Bolivia: Advocacy to mobilize community support and resources

In Bolivia, UNFPA is carrying out an innovative project to provide literacy training to the indigenous population (mostly, but not exclusively, women) in Quechua and Spanish. One of the major components of the literacy training is to impart knowledge of reproductive health issues at the same time that the new literacy skills help to empower the trainees. The project receives partial funding from the United Nations Foundation, but through advocacy efforts by the Fund it has also been able to attract funding from the national and local governments as well. The project has been very successful – by the end of 2000 it is estimated that more than 40,000 people have gained literacy skills through the project. In 2000, UNESCO awarded the project the Malcolm Adiseshia prize for literacy, first to the President of Bolivia in a ceremony at the presidential palace and then the following day in Sucre in the presence of the participants, many of whom had traveled from distant villages. The presentation was accompanied by a festival of indigenous song and dance that received widespread publicity.

The success of the project has depended to a large part on the extent of local advocacy activities that have been undertaken to generate community support. There has been a great deal of coverage of the project in local and national media. Advocacy efforts have also included participation in several local cultural festivals, as a result of which the project is now associated with support for local indigenous values. Since there has been frequent turnover in local administrations, advocacy work to sustain support for the project has to be done constantly. The major result has been that the local financial counterpart, which is a condition of the foundation grant, has been secured. The national Government, prefectures and local municipalities all make contributions to the project.

Involving the private sector

61. In a context of ever-diminishing resources, involving the private sector in population activities is one strategy that can help sustain interventions and enhance national ownership. The Dakar CST has been supporting the Government of Mali in an advocacy effort to promote private sector involvement in funding family life education and population education projects being carried out by grassroots organizations.

Box 11

Mali: Success working with the for-profit private sector

In Mali, one of the more useful developments has been the involvement of two private sector companies, the Office du Niger (Niger Office) and the Compagnie Malienne pour le Développement des Textiles (Malian Textile Development Company), in providing financial, material and human assistance to UNFPA-supported initiatives in rural areas.

The encouraging results of these initiatives have helped raise awareness of living conditions in the area and possible solutions to problems endemic to the region. The distribution of information, education and communication (IEC) materials greatly impressed the heads of the two companies and encouraged them to commit their time and resources. After a meeting with project leaders, company officials agreed to help fund the training of additional outreach workers.

The first phase of this collaborative effort has been declared a success, and plans are under way to replicate it nationwide. It is a prime example of the concrete benefits that can accrue from involving the private sector in reproductive health initiatives in the spirit of the ICPD Programme of Action and in alignment with the Fund's attempt to further involve the for-profit private sector in its work.

E. Lessons learned

62. The country reports provide a rich source of lessons learned. Some of the ones that were most frequently mentioned were that for advocacy efforts to succeed, they must: (a) have clearly defined outputs and a clear strategy to attain those outputs; (b) be flexible and adaptable; (c) maintain continuity over a long period of time; (d) be an integral part of the overall programme and subprogramme design; (e) provide technical assistance and support activities designed to build national capacity; (f) have built-in monitoring and evaluation tools; and (g) enlist a variety of partners, including NGOs and the public.

Clear outputs and good strategy design

63. To be successful, advocacy efforts must have clear outputs and strategies developed within the context of, and in support of, the overall policy framework of the programme and subprogrammes. For example, the programmes in Angola, Cambodia and Ethiopia and the programme of assistance to the Palestinian people reported that it was first necessary to establish a policy framework to guide reproductive health activities in order to spell out clear objectives and strategies for advocacy and to assess training needs. In another example, the Cambodia country office reported that training of the gender forums and gender focal points in government agencies focused on sensitization to gender issues by stressing the facts of gender inequities but neglected the process of integrating gender into policies. This gap now needs to be rectified by follow-up training programmes.

Flexibility

64. Strategic frameworks must not become straitjackets. They must be flexible enough to react to unexpected developments and to adapt to changing circumstances. In Namibia, for example, it was realized that advocacy efforts at the community level needed to be redirected at national decision makers who influence policies, laws and legislation. Another example is the Maldives, where the initial strategy was aimed at obtaining the support of religious leaders in the implementation of the reproductive health programme. However, a baseline study found no particular opposition to reproductive health issues and family planning on religious grounds in the Maldives and, hence, the emphasis shifted towards advocating for the support of important community leaders who had been left out in previous efforts. Some programmes, such as those in Cambodia and Mauritius, observed that it was not sufficient to limit efforts to the higher echelons in relevant ministries but also necessary to reach out to managers and project staff.

Continuity

65. Country experiences have shown that one-time advocacy activities are ineffective and may not always yield positive results. Effective advocacy requires continuous efforts over a long period of time. In Mongolia, a series of well-planned advocacy interventions were carried out at the central, provincial and district levels. Similarly, local advocates conducted regular advocacy meetings and other activities over a sustained period of time. As a result of these efforts, some provinces allocated funds to provide STI screening services in reproductive health clinics, procure equipment required for obstetric and gynaecological examination, and renovate a health centre. Moreover, most districts covered by the Mongolian programme have established reproductive health clinics within the existing health centres.

Linkages with other subprogrammes

66. Countries have also differed in the way they design and implement advocacy programmes. In some cases, there are stand-alone subprogrammes, while in others advocacy is integrated into other

subprogrammes. In general, the linkages between advocacy interventions and the reproductive health and population and development strategies subprogrammes need to be strengthened. More than two thirds of countries opted for stand-alone subprogrammes while about 15 per cent integrated advocacy into other subprogrammes. Only a few had stand-alone advocacy component projects. In cases where advocacy is a stand-alone subprogramme or is implemented through a component project, programme design must make clear that the advocacy activities support or complement the reproductive health, population and development strategies and/or gender subprogrammes. The best results seem to come from integrating advocacy into such subprogrammes.

67. Linkages between advocacy subprogrammes and other subprogrammes are often weak areas in their design. Part of the reason is attributed to the timing of the development of the subprogrammes. Not all subprogrammes are developed at the same time, as was the case in Jordan, the Syrian Arab Republic and Yemen. Ideally, the advocacy subprogramme should be developed in close coordination and synchronization with other subprogrammes. In reality, and for a variety of reasons, they are often developed according to their own pace and sequence. As a result, the opportunity to make advocacy an integral part of the overall programme is sometimes missed. Most such linkages are attempted after the fact through steering committees or coordination committees. The experience has shown that these kinds of modalities provide less than optimal linkages between the subprogrammes. The process of developing the subprogrammes should allow time for cross-referencing the activities with each other.

Capacity building

68. In the country office reports, a number of countries mentioned the need for more advocacy training to build the skill and confidence of national advocates. Countries such as Cambodia and the United Republic of Tanzania noted a lack of expertise of national teams of advocates in the principles of monitoring and evaluation of programmes. This led to difficulties in preparing documentation such as logframes or in managing the advocacy subprogramme. Only a few countries, such as Angola, Cambodia, Ethiopia, Peru and the United Republic of Tanzania, discussed their needs for technical assistance in terms of advocacy. For example, in Cambodia, the staff and gender focal points of the Ministry of Women's Affairs staff requested more training in advocacy and expressed a need to develop more confidence to advocate. In Peru, the advocacy subprogramme emphasized technical assistance and support activities designed to build national capacity.

69. In East Asia, it was found that, in most countries, the responsibility for advocating for population, development and reproductive health issues rests with relatively junior government staff or small NGO groups. Interviews and discussion with staff responsible for advocacy reveal that they often lack confidence to undertake advocacy aimed at the policy makers. This is largely due to the fact that they lack seniority and status. However, more importantly, they lack skills in advocacy and, in some cases, in-depth knowledge of substantive advocacy issues.

70. A key lesson learned from several advocacy programmes in the Asia and Pacific region was that the effectiveness of advocacy efforts is directly related to the status of the advocate. For

example, under a reproductive health advocacy project in Mongolia, a former senior Member of Parliament was recruited as an advocacy consultant. Using her seniority and previous contacts, she approached high-level government officials and gained their support with relative ease. There are many positive results coming out of the Mongolian advocacy efforts in support of population and development strategies and reproductive health issues that could be partially attributed to the status and motivation of the project advocates.

Necessity of data for impact assessment

71. Policy advocacy requires access to sound social data to evaluate the extent to which progress has been made. However, without proper baseline data, benchmarks and indicators, it is impossible to determine the extent of the achievements. Several countries, such as Gambia, Guinea, Namibia, Paraguay, Uganda and the United Republic of Tanzania, noted the need to build knowledge of monitoring and evaluation tools into advocacy activities. In order to determine success in gender efforts, sex-disaggregated data and gender sensitive information need to be collected and a sound gender analysis of the situation in which programmes are being implemented needs to be carried out.

Facilitating partnerships and inter-agency collaboration

72. Advocacy is about enlisting a variety of partners to unite for a common cause. Several countries such as India mention that building stronger partnerships for advocacy is a key for success. However, fostering cooperation between a variety of different partners, each with different constituencies, is sometimes difficult to realize, partly because the responsibilities of government institutions and organized civil society are often cross-cutting and not well articulated in the population area. It is therefore important to work strengthen such relationships and to reinforce the participation of the public in the decision-making process.

73. A critical factor in carrying out advocacy interventions is the careful selection of potential implementing agencies. It is important to note that the process of developing subprogrammes is a collective process involving the Government, the country office and various national counterparts. Governments, being the official counterpart for UNFPA, are sometimes reluctant to involve NGOs in the implementation of large segments of the advocacy subprogramme. However, many country office reports noted the important advocacy role that NGOs can and should play, especially for issues that are deemed to be sensitive for government agencies.

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REPORT OF THE EXECUTIVE DIRECTOR FOR 2000: STATISTICAL OVERVIEW

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UNFPA IN 2000:

PROGRAMME AND FINANCIAL HIGHLIGHTS

Pledges and contributions

- General income (provisional) in 2000 totalled $262.5 million, an increase of 5.1 per cent compared to the 1999 income of $249.8 million.

- Pledges to UNFPA's general resources in 2000 totalled $258.3 million from donor Governments and a private contribution from the Mars Trust, $13 million more than in 1999, an increase of 5.4 per cent. At year's end, cumulative pledges through 2000 totalled about $5 billion from a cumulative total of 175 donors. The number of donors in 2000 totalled 100.

- An additional contribution of $103.6 million was provided through multi-bilateral co-financing arrangements, as follows: $92.5 million (trust funds) and $11.1 million (cost-sharing). The additional contribution of $103.6 million is an increase of approximately 173.4 per cent compared to $37.9 million in 1999.

- Total general and supplementary income in 2000 (provisional) was $366.1 million, compared to $287.3 million in 1999.

Expenditures

- Project expenditures (provisional, including cost-sharing) in 2000 totalled $134.2 million, as compared to $187.1 million in 1999. The 2000 figure includes $117.0 million for country programmes, compared to $150.9 million in 1999; and $17.2 million for intercountry (regional and interregional) programmes, compared to $36.2 million for 1999.

- Technical support services under the successor support cost arrangements approved by the Governing Council in decision 91/37 were $17.6 million. Administrative and operational services (AOS) costs amounted to $5.3 million.

- For expenditures in 2000 by major function, by geographical area, and by country category, see data on pages 5-11.

Country categories

- Executive Board decision 96/15 endorsed the procedure for allocating resources according to categorization of countries into groups, and decision 2000/19 updated the relative shares of resources to groups as follows: Group A, 67-69 per cent; Group B, 19-21 per cent; Group C, 7-9 per cent; countries with economies in transition, on a temporary basis, 3-4 per cent; and other countries and territories, 1.5 per cent. (For a list of countries by group, see page 12).

- The breakdown of resources expended for country programmes and projects in 2000, by group, is as follows: Group A, 66.8 per cent; Group B, 21.7 per cent; Group C, 5.7 per cent; countries with economies in transition, 4.1 per cent; and other countries and territories, 1.7 per cent.

- Total expenditures in 2000 to Group A countries amounted to $78.2 million, compared to $96.0 million in expenditures in 1999.

Intercountry activities

- Expenditures for intercountry activities (regional and interregional) totalled $17.2 million in 2000, compared to $36.2 million in 1999. By category of activity, these expenditures were: regional, $5.9 million in 2000, compared to $12.4 million in 1999; interregional, $11.3 million in 2000, compared to $23.8 million in 1999.

- Intercountry programmes accounted for 12.8 per cent of total project expenditures in 2000, compared to 19.3 per cent in 1999.

Personnel

- As of 1 January 2000, the total number of authorized budget posts numbered 1,018, comprising 364 Professional (including 142 national programme officers) and 654 General Service staff. These include 103 Professional and 135 General Service posts at headquarters, 2 Professional and 2 General Service posts in Geneva and 259 Professional and 517 local General Service posts in the field.

- **The percentage of women among UNFPA's Professional staff at headquarters and in the field was 50 per cent in 2000, one of the highest percentages among United Nations agencies and organizations. Moreover, 10 of the 15 members of the Fund's Executive Committee are women.**

UNFPA PROGRAMME IN 1999 AND 2000 AT A GLANCE
(Expenditures)*

UNFPA ASSISTANCE BY MAJOR FUNCTION

	In millions of US dollars		Percentage of total	
	1999	2000	1999	2000
Reproductive health/family planning	116.0	84.7	62.0	63.2
Population and development strategies	53.1	32.8	28.4	24.4
Advocacy	11.1	11.5	5.9	8.6
Multisector	6.9	5.2	3.7	3.8
Total	187.1	134.2	100.0	100.0
UNFPA ASSISTANCE BY GEOGRAPHICAL REGION [a]				
Africa (Sub-Saharan)	59.4	47.7	31.7	35.5
Arab States and Europe	26.0	17.4	13.9	13.0
Asia and the Pacific	58.9	42.8	31.5	31.9
Latin America and the Caribbean	19.0	15.0	10.2	11.2
Interregional and Global	23.8	11.3	12.7	8.4
Total	187.1	134.2	100.0	100.0
UNFPA ASSISTANCE BY COUNTRY/INTERCOUNTRY CATEGORY				
Country	150.9	117.0	80.7	87.2
Intercountry	36.2	17.2	19.3	12.8
Total	187.1	134.2	100.0	100.0

Figures and percentages may not add up to the totals given due to rounding.
**All data for 2000 used throughout these tables are provisional and include cost-sharing.*

[a] As of 2000, the KATTUK countries (Kazakhstan, Azerbaijan, Tajikistan, Turkmenistan, Uzbekistan and Kyrgyzstan) are administered by the Division for Arab States and Europe (DASE). For purposes of comparability, 1999 figures have been adjusted to reflect this organizational arrangement.

UNFPA PROGRAMME IN 1999 AND 2000 AT A GLANCE (Cont'd)

COUNTRY ACTIVITIES BY GROUP

	In millions of US dollars		Percentage of total	
	1999	2000	1999	2000
A	96.0	78.2	63.6	66.8
B	36.9	25.4	24.5	21.7
C	8.5	6.7	5.6	5.7
Economies in transition	7.1	4.7	4.7	4.1
Other countries	2.4	2.0	1.6	1.7
Total	150.9	117.0	100.0	100.0
UNFPA ASSISTANCE BY EXECUTING AGENCY				
Government-executed projects	59.7	49.2	31.9	36.7
United Nations agencies	19.5	9.4	10.4	7.0
UNFPA [a]	73.5	50.5	39.3	37.6
Non-governmental organizations	34.4	25.1	18.4	18.7
Total	187.1	134.2	100.0	100.0

Figures and percentages may not add up to the totals given due to rounding.

[a] *Includes assistance to procurement for government projects as follows: $16.0 million in 1999 and $14.7 million in 2000.*

UNFPA EXPENDITURES FOR 1999 AND 2000, BY REGION

AFRICA (SUB-SAHARAN)

	In millions of US dollars		Percentage of total	
	1999	**2000**	**1999**	**2000**
By major sector				
Reproductive health/family planning	38.7	29.5	65.1	61.9
Population and development strategies	16.1	14.1	27.1	29.6
Advocacy	2.9	2.7	4.9	5.7
Multisector	1.7	1.4	2.9	2.8
Total	59.4	47.7	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
A	50.5	42.6	91.5	95.4
B	4.5	1.9	8.1	4.3
C	0.1	0.1	0.2	0.2
Other countries	0.1	0.1	0.2	0.1
Total country activities	55.2	44.7	100.0	100.0
Country activities	55.2	44.7	92.9	93.7
Regional activities	4.2	3.0	7.1	6.3
Total region	59.4	47.7	100.0	100.0

Figures and percentages may not add up to the totals given due to rounding.

UNFPA EXPENDITURES FOR 1999 AND 2000, BY REGION (Cont'd)

ARAB STATES AND EUROPE [a/]

	In millions of US dollars		Percentage of total	
	1999	**2000**	**1999**	**2000**
By major sector				
Reproductive health/family planning	17.5	11.9	67.3	68.5
Population and development strategies	6.8	3.8	26.2	22.0
Advocacy	0.6	0.8	2.3	4.7
Multisector	1.1	0.9	4.2	4.8
Total	26.0	17.4	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
A	10.2	7.1	42.5	43.3
B	6.7	4.5	27.9	27.6
C				
Economies in transition	7.1	4.8	29.5	29.0
Other countries	0.0	0.0	0.1	0.1
Total country activities	24.0	16.4	100.0	100.0
Country activities	24.0	16.4	92.3	94.1
Regional activities	2.0	1.0	7.7	5.9
TOTAL REGION	26.0	17.4	100.0	100.0

Figures and percentages may not add up to the totals given due to rounding.

[a/] As of 2000, the KATTUK countries (Kazakhstan, Azerbaijan, Tajikistan, Turkmenistan, Uzbekistan and Kyrgyzstan) are administered by the Division for Arab States and Europe (DASE). For purposes of comparability, 1999 figures have been adjusted to reflect this organizational arrangement.

UNFPA EXPENDITURES FOR 1999 AND 2000, BY REGION (Cont'd)

ASIA AND THE PACIFIC [a/]

	In millions of US dollars		Percentage of total	
	1999	2000	1999	2000
By major sector				
Reproductive health/family planning	40.4	30.4	68.6	71.1
Population and development strategies	13.2	7.7	22.4	18.1
Advocacy	3.7	3.3	6.3	7.6
Multisector	1.6	1.4	2.7	3.2
Total	58.9	42.8	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
A	31.6	26.1	58.3	62.1
B	14.2	9.8	26.2	23.2
C	7.4	5.2	13.7	12.2
Other countries	1.0	1.0	1.8	2.5
Total country activities	54.2	42.1	100.0	100.0
Country activities	54.2	42.1	92.0	98.3
Regional activities	4.7	0.7	8.0	1.7
Total region	58.9	42.8	100.0	100.0

Figures and percentages may not add up to the totals given due to rounding.

[a/] As of 2000, the KATTUK countries (Kazakhstan, Azerbaijan, Tajikistan, Turkmenistan, Uzbekistan and Kyrgyzstan) are administered by the Division for Arab States and Europe (DASE). For purposes of comparability, 1999 figures have been adjusted to reflect this organizational arrangement.

UNFPA EXPENDITURES FOR 1999 AND 2000, BY REGION (Cont'd)

LATIN AMERICA AND THE CARIBBEAN

	In millions of US dollars		Percentage of total	
	1999	**2000**	**1999**	**2000**
By major sector				
Reproductive health/family planning	10.2	8.9	53.7	59.3
Population and development strategies	5.8	3.8	30.5	25.6
Advocacy	1.3	1.0	6.8	6.3
Multisector	1.7	1.3	9.0	8.8
Total	19.0	15.0	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
A	3.7	2.4	21.2	17.4
B	11.4	9.2	65.1	65.9
C	1.1	1.4	6.3	10.2
Other countries	1.3	0.9	7.4	6.5
Total country activities	17.5	13.9	100.0	100.0
Country activities	17.5	13.9	92.1	92.6
Regional activities	1.5	1.1	7.9	7.4
Total region	19.0	15.0	100.0	100.0

Figures and percentages may not add up to the totals given due to rounding.

UNFPA EXPENDITURES FOR 1999 AND 2000, BY REGION (Cont'd)

INTERREGIONAL AND GLOBAL

	In millions of US dollars		Percentage of total	
	1999	**2000**	**1999**	**2000**
By major sector				
Reproductive health/family planning	9.1	4.0	38.2	35.8
Population and development strategies	11.3	3.0	47.5	26.5
Advocacy	2.6	3.9	10.9	34.2
Multisector	0.8	0.4	3.4	3.5
Total	23.8	11.3	100.0	100.0

Figures and percentages may not add up to the totals given due to rounding.

Country Classification 2001-2005

Group A (62)

Africa
Angola
Benin
Burkina Faso
Burundi
Cameroon
Cape Verde
Central African Rep.
Chad
Comoros
Congo
Congo, Dem. Rep.
Cote d'Ivoire
Equa. Guinea
Eritrea
Ethiopia
Gambia
Ghana
Guinea
Guinea-Bissau
Kenya
Lesotho
Liberia
Madagascar
Malawi
Mali
Mauritania
Mozambique
Niger
Nigeria
Rwanda
Sao Tome & Prin.
Senegal
Sierra Leone
Tanzania, United Rep.
Togo
Uganda
Zambia
Zimbabwe

Arab States/Europe
Djibouti
Occupied Palestinian Territory
Somalia
Sudan
Yemen

Asia/Pacific
Afghanistan
Bangladesh
Bhutan
Cambodia
East Timor
India
Kiribati
Lao People's Democratic Rep.
Maldives
Myanmar
Nepal
Pakistan
Papua New Guinea
Samoa
Solomon Islands
Tuvalu
Vanuatu

Latin America/ Caribbean
Haiti
Honduras

Group B (27)

Africa
Botswana
Gabon
Namibia
South Africa
Swaziland

Arab States/Europe
Algeria
Egypt
Iraq
Morocco
Syrian Arab Rep.

Asia/Pacific
Indonesia
Mongolia
Philippines
Thailand
Viet Nam

Latin America/Caribbean
Belize
Bolivia
Ecuador
El Salvador
Guatemala
Guyana
Mexico
Nicaragua
Paraguay
Peru
St. Lucia
Venezuela

Group C (20)

Africa
Mauritius

Asia/Pacific
China
Fiji
Korea, Dem. People's Rep.
Iran, Islamic Rep. of
Malaysia
Sri Lanka

Latin America/ Caribbean
Chile
Colombia
Costa Rica
Cuba
Dominican Republic
Jamaica
Panama
Suriname
Trinidad & Tobago

Arab States/Europe
Jordan
Lebanon
Tunisia
Turkey

Countries with Economies in Transition (27)

Arab States/Europe and Central Asia
Albania
Armenia
Azerbaijan
Belarus
Bosnia-Her.
Bulgaria
Croatia
Czech Rep.
Estonia
Georgia
Hungary
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Macedonia, former Yug. Rep.
Moldova, Rep.
Poland
Romania
Russian Federation
Slovakia
Slovenia
Tajikistan
Turkmenistan
Ukraine
Uzbekistan
Yugoslavia

Other Countries and Territories (41)

Africa
Seychelles
St. Helena

Arab States/Europe
Bahrain
Cyprus
Kuwait
Libyan Arab Jama.
Malta
Oman
Qatar
Saudi Arabia
United Arab Emir.

Asia/Pacific
Brunei Darussalam
Cook Islands
Hong Kong [1]
Marshall Islands
Micronesia, Fed. States
Nauru
Niue
Korea, Rep.
Singapore
Tokelau
Tonga
Palau

Latin America/Caribbean
Anguilla
Antigua & Barbuda
Argentina
Aruba
Bahamas
Barbados
Bermuda
British Virgin Isl.
Brazil
Cayman Islands
Dominica
Grenada
Montserrat
Netherlands Antilles
St. Kitts & Nevis
St. Vincent & Grenadines
Turks & Caicos
Uruguay

[1] On July 1, 1997, Hong Kong became a Special Administrative Region of China.

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